BRISTOL CITY PUBLIC PROTECTION COMMITTEE

Report of the Medical Officer for Environmental Health for 1975

Introduction

I have pleasure in presenting my Annual Report for 1975 to the Committee.

The first part of the report deals with the birth and death statistics for the City of Bristol. The figures given therein are based on locally collected statistics for which I am indebted to staff of the Avon Area Health Authority. Because they are only provisional, it would be wise to reserve comment for the final figures which will be provided by the Registrar General later in the year and on which I will report in due course in a supplement to this report.

The second part of the report deals with general environmental health matters, the statistics for which are collected by the staff of the Control of Infection Unit. I would like to record my appreciation of the invaluable support which I have received from Dr. W. J. Poulsom and his supporting clerical and nursing staff who carry out all the day to day investigative work in connection with the control of infection in the City, and to Dr. P. J. Tomlinson who assists me in matters relating to housing and elderly persons requiring assistance in the community.

VITAL STATISTICS BRISTOL CITY 1975

	1975 (provisional only)	1974
Registrar General's estimation of the population as at 30th June	421,000	418,600
Crude birth rate	10.3	12.1
Crude death rate	13.2	12.8
Infant mortality rate per 1000 live births	21.7	21
Neonatal mortality rate per 1000 live births	13.2	16
Stillbirths rate per 1000 total births	not available	11.2
Perinatal mortality rate per 1000 total births	not available	24.0
Illegitimate live births as a percentage of all births	not available	11.5

BIRTHS

Avon Area Health Authority recorded 4,333 births to Bristol mothers in Bristol during 1975. It may be expected that approximately 300 more will be allocated to Bristol in due course. The crude birth rate is thus at least 10.3 per 1000 population and will probably be slightly higher. Nevertheless, this represents a further drop on the birth rate in 1974.

The following tabulation shows the crude and adjusted rates for the City since 1970. The adjusted rate is directly comparable to the rate for England and Wales.

TABLE 1 BIRTH RATES IN BRISTOL CITY SINCE 1970

YEAR	NUMBER OF BIRTHS	BIRTH RATE	
		CRUDE	ADJUSTED*
1970	6256	14.7	15.1
1971	6306	14.8	15.2
1972	5527	13.1	13.1
1973	5297	12.6	13.1
1974	5055	12.1	11.6
1975 (Provisional)	4333	10.3	-

DEATHS

Locally gathered statistics always suffer from the difficulty that the figures are related to the date of registration rather than the date of death. The following provisional figures will thus be subject to some amendment when the Registrar General's final statistics are published later in 1976.

During 1975, 5,571 deaths were registered of which 2,845 were males and 2,726 were females. The provisional crude death rate was thus 13.2 per 1000 mid year population. Figures for the years since 1970 are shown in the following tabulation:

TABLE 2

YEAR	NUMBER		DEATH RATE (FINAL)	
	PROVISIONAL	FINAL	CRUDE	ADJUSTED
1970	4459	5416	12.7	12.2
1971	4391	5225	12.3	11.8
1972	4515	5403	12.8	11.9
1973	4556	5393	12.8	11.4
1974	4533	5330	12.7	11.6
1975	5571	-	13.2	-

(The adjusted rate is directly comparable with the rate for England and Wales).

A detailed breakdown of deaths registered in 1975 is shown in the appendix to this report. Heart and circulatory disease, cancer and disease of the respiratory system accounted for the vast majority of deaths, and their relative importance is shown in the following table which demonstrates the percentages of deaths due to these causes in each year since 1970:

TABLE 3

THE THREE PRINCIPAL GROUP CAUSES OF DEATH IN BRISTOL 1970-1975

	Percentage in:					
	1970	1971	1972	1973	1974	1975
Heart/circulatory disease	51	54	51	52	56	46
Malignant disease	19	21	15	21	19	21
Respiratory disease	15	11	13	15	13	15

Of the deaths due to heart and circulatory disease, 1,430 (25.7%) were due to ischaemic heart disease and 652 (11.7%) to cerebral vascular disease ("strokes").

INFANT MORTALITY

The basic statistics of infant deaths under one year of age registered in 1975 were as follows:

	1975 (Provisional)	1974
Deaths under 1 week old	57	72
Deaths under 1 month	69	79
Deaths 1 month to 1 year	25	23

Bristol infant deaths in 1975 were thus numerically similar to those in the previous year.

[illegible] Dr Rowland's Secretary

TABLE 4 INFECTIOUS DISEASES NOTIFIED DURING 1975 BRISTOL CITY

	At all ages				Incidence by age groups (1975)							Incidence by Qtr. 1975			
	1972	1973	1974	1975	Under 1	1-4	5-14	15-24	25-44	45-64	65+	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Scarlet Fever	94	66	160	130	-	34	82	10	4	-	-	36	47	17	30
Whooping Cough	22	11	208	101	10	53	36	-	2	-	-	48	23	9	21
Measles	1398	377	434	306	17	137	136	8	8	-	-	96	114	75	21
Dysentery	132	96	502	392	6	118	186	24	51	7	-	127	67	56	142
Salmonella	89	154	79	104	5	18	18	19	22	13	9	12	18	43	31
Infective Hepatitis	108	157	110	65	-	5	10	21	20	7	2	9	11	18	27
Glandular Fever	106	81	87	109	-	-	17	79	11	2	-	35	29	12	33
Ophthalmia Neonatorum	5	4	2	1	1	-	-	-	-	-	-	-	-	1	-
Rubella	1812	465	1482	743	27	214	360	83	56	2	1	251	339	97	56
Acute Meningitis	7	6	9	9	-	4	4	1	-	-	-	4	3	-	2
Malaria	3	6	16	14	-	-	-	2	11	1	-	1	4	6	3
Typhoid	1	2	-	3	-	1	-	1	1	-	-	-	1	2	-
Paratyphoid	-	2	2	1	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis	10	6	1	-	-	-	-	-	-	-	-	-	-	-	-

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INFECTIOUS DISEASES IN BRISTOL - 1975

The total numbers of infectious diseases notified are shown in Table (4). From these figures the following particular incidents emerge.

Typhoid & Paratyphoid Fever

3 cases occurred during the year, the first being a 3 year old boy who had recently returned from Pakistan and had already been infected there. Two adults became ill after a holiday in Majorca, having most probably been infected at a beach barbacue. No secondary cases arose from these three. All responded satisfactorily to treatment and have not become chronic carriers of the infection. Nevertheless Typhoid Fever remains a significant risk to travellers to the Mediterranean and North Africa.

Once case of ParatyphoidFever occurred, in a ship's captain, the source of infection being in East Africa.

Food Poisoning

104 cases of food poisoning have been reported. This is a slight increase over the previous year, and may have been in part due to the prolonged warm weather between May and September. However, no generalised outbreak of food poisoning occurred within the city, cases being confined to families and individuals. The causative organisms isolated are given in Table (5).

(TABLE 5) ORGANISMS CAUSING FOOD POISONING IN BRISTOL 1975

Salmonella	Typhimurium	23
"	Agona	12
"	Enteriditis	12
"	Heidleburg	8
"	Meleagridis	7
"	Schwarzengrund	6
"	Indiana	4
"	Derby	2
"	Wien	2
"	Untyped	7
Other	Salmonellae	15
Clostidium	Welchii	1
Staph.	Aureus	1
Enterobacter	Hafnia	1
Cause	Unknown	3
		104

The category "other salmonella" included
One each of S. Livingstone, S. Dublin, S. Barielly, S. Brandenburg, S. Butantan, S. Bovis Morbificans, S. Infantis, S. Kepemba, S. Hadar, S. Munster, S. Reading, S. Havana, S. Senegal, S. Anatum, S. Braunderup.

Salmonella Schwarzengrund has been particularly associated with the contamination of Pancreatic Extract taken as a dietary supplement by persons suffering from Mucoviscidosis. However, no such association could be discovered in any of the five cases occurring.

Dysentery

392 proven cases have occurred, a reduction on the previous year. However, outbreaks have occurred in 5 primary schools and one day nursery, which together account for the vast majority of the cases. It is our policy to exclude children suffering from Dysentery until they are bacteriologically shown to be clear of infection, the criteria for this clearance depending on the age of the child. Particular attention is also paid to standards of hygiene in schools including the adequacy of caretaking services.

Although the symptoms of Dysentery are generally mild, a school outbreak causes great inconvenience to parents and children and disrupts the life of the school for several weeks.

Malaria

14 cases have been reported, all having been contracted outside the U.K. Of these 3 were of the Falciparum or 'Malignant Tertian' type, which is a serious and potentially fatal illness. The importance of antimalarial drugs when travelling within the tropics cannot be too often stressed.

Measles

The total of 306 notified cases is the smallest ever recorded in Bristol, and the dramatic decline of this disease within the last year is illustrated in Figure 1. In particular, the disappearance of the biennial epidemics producing 5000 - 8000 cases should be noted.

Table (6) indicates the distribution by age and season of those cases occurring during 1974 - 1975. Measles is a disease most prevalent during the 2nd to 7th years of life and occurs mainly in winter and spring.

There can be little doubt that the efforts made to introduce and promite Measles immunisation in Bristol since 1967 have been primarily responsible for the decline in cases. Table (7) shows the occurrence of Measles in previously vaccinated children. These figures suggest that the vaccine does offer a protection rate of at least 90%.

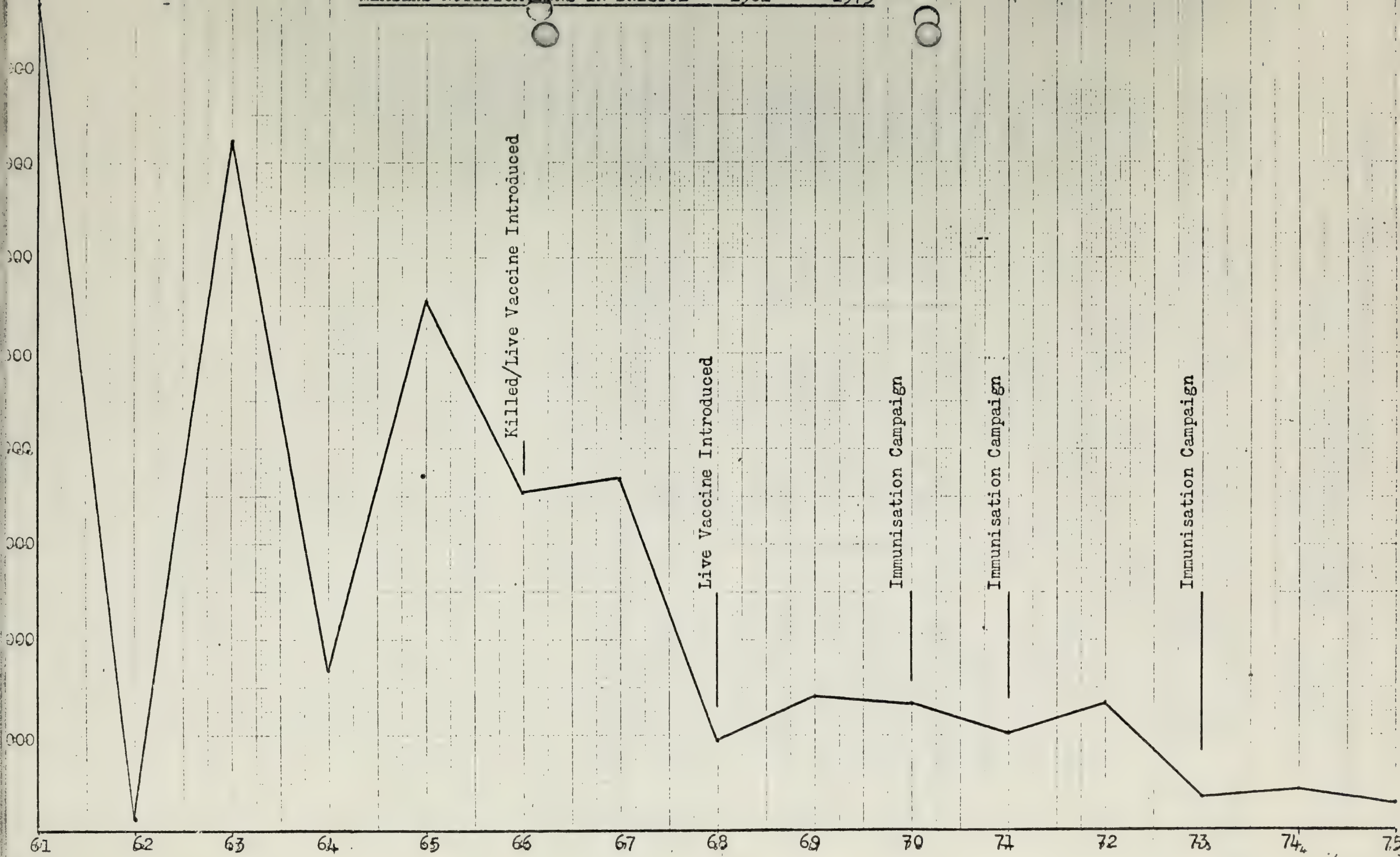
Killed/Live Vaccine Introduced
Live Vaccine Introduced
Immunisation Campaign
Immunisation Campaign
Immunisation Campaign
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TABLE 6 BRISTOL CITY MEASLES INCIDENCE BY YEAR OF BIRTH BY QUARTER, 1975

(1974 figures shown in brackets for comparison)

YEAR OF BIRTH	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total for year
1975	1	2	1	3	7
1974	5 (2)	13 (3)	11 (1)	2 (4)	31 (10)
1973	7 (17)	19 (16)	8 (9)	4 (8)	38 (50)
1972	9 (24)	13 (25)	7 (8)	5 (4)	34 (61)
1971	8 (16)	4 (12)	5 (5)	- (1)	17 (42)
1970	13 (16)	16 (18)	13 (4)	2 (4)	44 (42)
1969	12 (13)	14 (14)	7 (10)	1 (5)	34 (42)
1968	11 (28)	9 (14)	3 (10)	- (6)	23 (58)
1967	5 (16)	3 (12)	5 (10)	1 (2)	14 (40)
1966	10 (10)	2 (7)	4 (3)	2 (1)	18 (21)
1965	7 (4)	3 (7)	2 (2)	- (2)	12 (15)
Before 1965	8 (14)	16 (33)	9 (10)	1 (4)	34 (61)

(TABLE 7) OCCURRENCE OF MEASLES IN PREVIOUSLY VACCINATED CHILDREN

	Total Cases	Non Immunised	Immunised
1973	377	367	10
1974	434	396	38
1975	306	284	22

However, it should be stressed that the children who are now most at risk fall into the age groups in which the highest levels of Measles vaccination have been obtained, partly by means of special campaigns. Sustained efforts will be necessary to increase the level of vaccine uptake if the present position is to be maintained, but also improved.

Whooping Cough

101 cases have been reported (1974 - 208). All but 12 of these occurred between the ages of 1 and 14 years,(10 being under 1 year) and 2 adults. Uptake of Pertussis vaccine showed a sharp decline following the adverse publicity given to this procedure during the autumn of 1974. However, Whooping Cough remains a serious disease, especially to children under 1 year. These infants are most likely to be infected by an older sibling unless he in turn has been immunised. It is the opinion of the Expert Committee advising the D.H.S.S. on immunisation policy that Pertussis immunisation should continue to be offered, and this policy is being pursued in Bristol. Uptake of the vaccine appears at the present to be on the increase.

Tuberculosis

Table (8) shows the analysis of Tuberculosis notifications for 1975, and Table (9) the state of the Tuberculosis Register for Bristol at the close of the year. Although this disease has been reduced very substantially in the last 20 years there remains a small reservoir of infection. During the year, only one case of pulmonary tuberculosis occurred in a person aged under 20 years, this being the lowest proportion ever recorded within this age group. This single case occurred in a 5 year old girl who had almost certainly not been infected in this country.

By contrast, the bulk of present new cases occur in persons over 45 years of age and represent in part the breakdown of old infections.

TABLE 8 BRISTOL CITY TUBERCULOSIS NOTIFICATIONS 1975

	Sex	At all ages	Under 1	1-	5-	10-	15-	20-	25-	35-	45-	55-	65+
Pulmonary Tuberculosis New notifications	M	40	-	-	-	-	-	4	3	3	11	10	9
	F	20	-	-	1	-	-	4	-	1	8	2	4
Transfers from other areas	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Deaths mentioning T.B. not otherwise notified	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	-	1	1	-
Non Pulm. Tuberculosis New notifications	M	4	-	-	-	1	-	-	-	1	1	1	-
	F	8	-	-	-	-	-	1	2	2	-	1	2
Transfers from other areas	M	2	-	-	-	-	-	1	-	1	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Deaths mentioning T.B. not otherwise notified	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 9

T.B. REGISTER AT 31ST DECEMBER 1975

	PULM		NON PULM		TOTAL
	M	F	M	F	
0 - 11	-	-	-	-	-
1 - 22	-	-	-	-	-
2 - 4	2	3	-	1	6
5 - 9	4	6	1	2	13
10 - 14	5	5	2	-	12
15 - 19	2	1	5	1	9
20 - 24	12	9	1	4	26
25 - 34	41	24	9	8	82
35 - 44	49	31	8	13	101
45 - 54	71	39	8	9	127
55 - 64	66	17	11	8	102
65 - 74	45	19	1	3	68
75+	17	11	2	7	37
	314	165	48	56	583

DETAILS OF BRISTOL DEATHS REGISTERED DURING 1975

INFECTIOUS DISEASES		49
Enteritis, other diarrhoeal disease	5	
Tuberculosis - respiratory	7	
- other	3	
Meningococcal infection	3	
Measles	0	
Other infective or parasitic diseases	13	
Meningitis	1	
Influenza	17	
NEOPLASMS		1195
Malignant - Stomach Lung and bronchus Breast Uterus Leukaemia Other	1176	
Benign or unspecified	19	
ENDOCRINE DISEASES		58
Diabetes	59	
Avitaminosis & other nutritional deficiency	1	
BLOOD DISEASES		22
Anaemia	22	

HEART OR CIRCULATORY DISEASES		2558
Chronic rheumatic heart disease	72	
Hypertensive heart disease	78	
Ischaemic heart disease	1430	
Other heart disease	326	
Cerebrovascular disease	652	
RESPIRATORY DISEASE		814
Pneumonia	580	
Bronchitis, emphysema	234	
Asthma		
DISEASES OF DIGESTIVE SYSTEM		80
Peptic ulcer	44	
Appendicitis	2	
Intestinal obstruction & hernia	19	
Cirrhosis of liver	15	
DISEASES OF GENITO URINARY SYSTEM		25
Nephritis - nephrosis	21	
Hyperplasia of prostate	4	

PERINATAL MORTALITY		80
Congenital anomalies	37	
Birth injury, labour, other hypoxic and anoxic conditions	30	
Other causes of perinatal mortality	13	
VIOLENCE		118
Motor vehicle accident	29	
Other accident	50	
Suicide and self-inflicted injury	39	
OTHER		570
Symptoms & ill defined causes	37	
All other external causes	533	

REPORT OF THE MEDICAL OFFICER FOR ENVIRONMENTAL HEALTH ON MEDICAL ASPECTS OF PORT HEALTH 1975

The basic statistics of medical activities at the Port of Bristol were as follows:-

Number of ships arriving from infected areas	187
Number of ships boarded by the Medical Officer	3
Number of admissions to Ham Greeen Hospital	6
Number of cases seen by the Federation Doctor	982
Number of cases seen at the V.D. Clinic	235

The ships boarded were as follows:-

12th July m.v. "Indian Trust" - Examination of a stowaway
21st September m.v. "Falaba" - Examination of stowaways
29th December m.v. "Aukland Star"- Occurrence of a case of chickenpox.

The causes of admission to Ham Green Hospital were malaria, non-specific gastro-enteritis and lower lobe pneumonia following a physical injury.

Continous medical cover is maintained for the Port and Airport, since although calls are infrequent they usually need to be dealt with speedily when they do occur. During the day the Medical Officer for Environmental Health and the Medical Officer working in Bristol's Control of Infection Unit are available to take calls. Out of working hours a rota of doctors is maintained to cover for environmental emergencies and port health duties. Those taking part in this rota are:-

Dr. A.J. Rowland - M.O.E.H., Bristol
Dr. M.R.F. Reynolds - M.O.E.H., Northavon
Dr. Pauline Begley - M.O.E.H., Kingswood - supported for Port Health matters by Dr. P. Tomlinson
Dr. P.J. Speller - M.O.E.H., Woodspring
Dr. W.J. Poulsom - Control of Infection Unit Medical Officer

Call out is usually through the Port Health Office (Sea Port) or the Control of Infection Unit (Airport) by day, or through Ambulance Control, who hold a copy of the duty rota, at other times.

Ships arriving with a clean Declaration of Health are normally granted pratique without referral to the Medical Officer. They are subsequently boarded at their berths by port health officers who check all relevant vaccination certificates on ships arriving from infected areas. In those cases when the Declaration of Health is not satisfactory, or if there is or has been sickness on board, pratique is not granted without prior referral to the Medical Officer for any appropriate advice and action.

Cover is also given for Lulsgate Airport. Calls to aircraft are very rare but when they are received have to be answered promptly, since the aircraft is usually about to land when the Medical Officer is requested, and the passengers cannot leave the aircraft until he arrives.

There were only two calls during the year, both to give advice about passengers returning from holidays in Spain who were complaining of gastro-intestinal symptoms. In both cases it was possible to allow them to proceed to their homes after a medical examination and subject to information being passed on to the appropriate Medical Officer for Environmental Health.

In general, the above arrangements have worked well during the year.

CITY OF BRISTOL
ENVIRONMENTAL HEALTH DEPT.
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